2018 - 02 - 08 - 0M - 00194945

FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

2018 FEB -8 AM 10: 29

Office Use Only

COMMITTEE (in full)	is changed)	example: It typing, type over the lines.	12FE4M5	in in the second of the second
UNITED MOTORCOACH,ASS	SOCIATION POLITICAL AC	TION COMMITTEE		1
		 		
ADDRESS (number and street)	11 ₁ 3 ŞOUTH WEST _I ST _I R	:EET,		
(Check if address is changed)	FOURTH FLOOR			
	[ALEXANDRIA LI		VA 223 STATE ▲	14 ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	STEFAN BAILEY@PRI	IME-POLICY.COM		
- ·	Optional Second E-Mail Ad	ddress		į
			<u> </u>	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)		<u> </u>		
,			1 1 1 1 1 1 1 1 1	
2. DATE 01 29	2018			
3. FEC IDENTIFICATION N	UMBER ▶ C00	0437517		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the bes	st of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasure	r TOM READY			
	/s/ TOM READY		Date 01	30 2018
NOTE: Submission of false, erron	•	n may subject the person signing		penalties of 52 U.S.C. §30109
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

		COMMITTEE	
Cand	lidate	e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)		
Name Candid			
Candid Party /		Office State ion Sought: House Senate President District	
(c)	٠.	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	
(d)	7 4	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.	
Politi	cal A	action Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a	
		Corporation Corporation w/o Capital Stock Labor Organization	
		Membership Organization X Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)	
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	· : ·	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number C	
	4.		

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W	Write or Type Committee Name				
UN	ITED MOTORCO	ACH ASSOCIATION POLITICAL ACTION COMMITTEE			
6.	Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor			
U	NITED MOTOR	:QOAÇH ASSQCIATION			
Ш					
	Mailing Address	11/3 SOUTH WEST STREET			
		ALEXANDRIA			
		CITY , STATE ZIP CODE			
	Relationship: X Co	nnected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor			
 '.	Custodian of Record books and records.	ds: Identify by name, address (phone number optional) and position of the person in possession of committee			
	- IST	· · · · · · · · · · · · · · · · · · · ·			
	ruii ivaille	11,10,VERMONT,AVENUE NW			
	Mailing Address	SUITE 1,000			
		WASHINGTON			
	Title or Position	CITY STATE ZIP CODE			
	Title of Fosition	CITY STATE ZIF CODE			
	CUSTODIAN	Telephone number 202 - 530 - 4625			
8.		ame and address (phone number optional) of the treasurer of the committee; and the name and address of (e.g., assistant treasurer).			
	Full Name of Treasurer	PM _I READY			
	Mailing Address	PO BOX 256, 1369 CTY 6			
		LA CRESCENT MN 55947			
	Title or Position	CITY STATE ZIP CODE			
ſ	TREASURER	Telephone number 507 - 895 - 2349			

CITY

ZIP CODE

STATE

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00191
949

FEC	Form	18	(Revised	02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

5(g) or (h). Joint Fundraising	n Portioinant:		
1	g carticipant.	FEC ID number	
1	<u> </u>	FEC ID number	
2			
3.		FEC ID number	
4		FEC ID number	Ul sa saturi mirani sa si si
6. Name of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	, or Leadership PAC Sponsor
	<u> </u>		
Mailing Address	1		
walling Address			· · · · · · · · · · · · · · · · · · ·
Relationship:	CITY A	STATE A	ZIP CODE ▲
		t Fundraising Representa	
Donnected	organizationjoin	rundialsing hepresente	Leadership FAC Sportson
<u> </u>			
8. Designated Agent: Identify	by name, address (phone number – optional)		
8. Designated Agent: I dentify	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name LIII		STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CITY ▲ ries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION	CITY ▲ ries: List all banks or other depositories in which	elephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION 9. Banks or Other Deposito safety deposit boxes or main Name of Bank,	CITY A ries: List all banks or other depositories in which aintains funds.	elephone Number	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or main Name of Bank, Depository, etc.	CITY A ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents

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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
nf	2/8/2018
(3/2015)	DATE PREPARED